

EXHIBIT E

Messenger Middle School IEP

PROVO SCHOOL DISTRICT  
Provo, Utah 84604

Sp. Ed. 11  
July 94

# PARENTAL PRIOR NOTICE

Re: Bryan Messenger Student's Name Date: 7/2/94  
Dear Mr. & Mrs. Messenger,  
The Farrer special education multidisciplinary team is considering the following action(s) checked below:

- ☐ Determining the student's eligibility for special education services  
☐ A change in special education service delivery  
☐ A change in classification for receiving special education services  
☒ Developing an Individualized Education Program for the student  
☐ Reviewing or revising the student's Individualized Education Program  
☐ Re-evaluating the student's need for continued special education services  
☐ Other \_\_\_\_\_

1. This action is being proposed because of:

- ☐ Academic concerns ☐ Speech/language concerns ☐ Behavior concerns ☐ Health concerns ☐ Program planning  
☒ Continued eligibility to receive special education services ☐ Transition ☐ Other \_\_\_\_\_

2. Prior to this proposal, the following options were attempted and rejected because concerns expressed in item 1 continue to exist:

- ☐ Student and parent conferences ☐ Academic adjustments and tracking ☐ Schedule/teacher change ☐ Tutoring  
☐ School disciplinary actions ☒ Not applicable ☐ Other \_\_\_\_\_

3. The action proposed above is based on the following evaluation procedures, tests, records, or reports:

- ☐ Teacher observation and records ☐ Achievement test scores ☐ Curriculum-based assessment  
☐ Multidisciplinary Team Report ☒ Not applicable ☐ Other \_\_\_\_\_

4. Other factors relevant to the action proposed above are:

- ☐ Parent concern ☐ Student concern ☒ None ☐ Other \_\_\_\_\_

Your assistance is requested to: ☐ Sign and return the permission to test form.

☐ Complete the enclosed \_\_\_\_\_ and return it to us.

☒ Arrange to meet with the team to discuss the above proposed action, as described below.

## Proposed Meeting Arrangements

Date: 7/9/94 Time: 9:00 We will be meeting at: Counseling Office  
At the present time we anticipate \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_ will be meeting with us. Please let us know if this is a convenient time for you so we can finalize the plans for the meeting. If you wish to have someone else attend, you may do so.

Please call Sandy Merritt at 374-4970 between the hours of 7:30 and 3:00 if you have any questions about the information provided above. A copy of the Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.



PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOAL AND OBJECTIVES

Sp. Ed. 5b  
July 94

Student Name: Bryan Messenger School: Farmer Date: 9/9/94

Annual Goal: Bryan will improve his reading skills.

If service is provided less than daily complete the following:

Circle days served:

Mon. Tue. Wed. Thur. Fri.

Duration of service session (hrs./mins.):

--	--	--	--	--

Measurable Short Term Objectives: (Minimum of two)

1. Bryan will continue to read at home in the evening for 1/2 hr. 5 nights a week. He will report to his Mom on a book every 60 days.
2. Bryan will fully participate in the in-class reading in English. He will participate in the Silent Sustained Reading program, & complete a book report based on that reading.

Evaluation/Data Collection Procedure (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) \_\_\_\_\_

Formal Assessment (test) \_\_\_\_\_

Annual Review of Short Term Objectives

Date Reviewed: \_\_\_\_\_ ☐ Objectives Met ☐ Progress Made ☐ No Change

Comments: \_\_\_\_\_



PROVO SCHOOL DISTRICT  
Provo, Utah 84604

I. E. P.  
GOAL AND OBJECTIVES

Sp. Ed. 5b  
July 94

Student Name: Bryan Messenger School: Farrell Date: 7/9/94

Annual Goal: Bryan will improve in written language.

If service is provided less than daily complete the following:

Circle days served:

Mon.

Tue.

Wed.

Thur.

Fri.

Duration of service session (hrs./mins.):

--	--	--	--	--

**Measurable Short Term Objectives:** (Minimum of two)

1. Bryan will complete 1 spelling lesson per week. He will do the exercises in class, and take the word list home on Mon. to work on during the week with his parents. Bryan will achieve scores of 90 % or higher on the Friday post tests.
2. Bryan will write journal entries in class at least 2 x a week. (10 line minimum per entry). These entries will be at least 70 % accurate in terms of mechanics. Mrs. Memmott will work with him to make corrections when needed.

**Evaluation/Data Collection Procedure** (Indicate at least 1)

Observation (include frequency) \_\_\_\_\_

Informal Assessment (method) \_\_\_\_\_

Formal Assessment (test) \_\_\_\_\_

**Annual Review of Short Term Objectives**

Date Reviewed: \_\_\_\_\_

☐

Objectives Met

☐

Progress Made

☐

No Change

Comments: \_\_\_\_\_



PROVO SCHOOL DISTRICT  
Provo, Utah 84604

Sp. Ed. 11  
July 94

# PARENTAL PRIOR NOTICE

Re: Bryan Messenger  
Student's Name  
Dear Mr. & Mrs. Messenger  
The Farver special education multidisciplinary team is considering the following action(s) checked below:

Date: March 24, 1995

- ☐ Determining the student's eligibility for special education services
- ☐ Developing an Individualized Education Program for the student
- ☐ A change in special education service delivery
- ☐ Reviewing or revising the student's Individualized Education Program
- ☐ A change in classification for receiving special education services
- ☒ Re-evaluating the student's need for continued special education services
- ☐ Other (3 yr. testing)

1. This action is being proposed because of:

- ☐ Academic concerns ☐ Speech/language concerns ☐ Behavior concerns ☐ Health concerns ☐ Program planning
- ☒ Continued eligibility to receive special education services ☐ Transition ☐ Other \_\_\_\_\_

2. Prior to this proposal, the following options were attempted and rejected because concerns expressed in item 1 continue to exist:

- ☐ Student and parent conferences ☐ Academic adjustments and tracking ☐ Schedule/teacher change ☐ Tutoring
- ☐ School disciplinary actions ☒ Not applicable ☐ Other \_\_\_\_\_

3. The action proposed above is based on the following evaluation procedures, tests, records, or reports:

- ☐ Teacher observation and records ☐ Achievement test scores ☐ Curriculum-based assessment
- ☐ Multidisciplinary Team Report ☒ Not applicable ☐ Other \_\_\_\_\_

4. Other factors relevant to the action proposed above are:

- ☐ Parent concern ☐ Student concern ☒ None ☐ Other \_\_\_\_\_

Your assistance is requested to: ☒ Sign and return the permission to test form.

☐ Complete the enclosed \_\_\_\_\_ and return it to us.

☐ Arrange to meet with the team to discuss the above proposed action, as described below.

## Proposed Meeting Arrangements

Date: \_\_\_\_\_ Time: \_\_\_\_\_ We will be meeting at: \_\_\_\_\_

At the present time we anticipate \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ will be meeting with us. Please let us know if this is a convenient time for you so we can finalize the plans for the meeting. If you wish to have someone else attend, you may do so.

Please call Sandy Messenger at 374-4971 between the hours of 7:30 and 3:00 if you have any questions about the information provided above. A copy of the Parent Rights is enclosed. Please read them carefully. We will review these with you when we meet.

Provo School District  
Provo, Utah 84604

## Individualized Education Program (IEP)

SpEd 6  
© June 95  
D.D.

Student Bryan Messenger Birthdate 12-4-81 Date of IEP \_\_\_\_\_  
School Farm Middle School Primary Language of Parent/Guardian English  
Classification Learning Disabled

Note: In conjunction with this IEP, provide parents with a copy of Procedural Safeguards and Prior Notice/Documentation with IEP and Placement sections completed.

### Special Education and Related Services

#### Special Education Program

Amount of Time: 8 ☐ Daily ☒ Weekly

The following related services are required for student to benefit from special education:

\_\_\_\_\_ Amount of Time: \_\_\_\_\_ ☐ Daily ☐ Weekly

\_\_\_\_\_ Amount of Time: \_\_\_\_\_ ☐ Daily ☐ Weekly

☐ Check if transportation will be provided.

Projected date of initiation of these services, if other than date of IEP: \_\_\_\_\_

Anticipated duration of the services: ☐ One year from initiation date, OR ☐ Other: \_\_\_\_\_

### Participation in Regular Education programs

#### Regular Education Program

Amount of Time: 19 1/2 ☐ Daily ☒ Weekly

Physical Education (PE) will be addressed through ☒ Regular PE OR ☐ Special PE

### Transition (Applicable for students over 16, or who need transition planning)

☒ Transition planning will be addressed through the student's Student Advisement Program or SEOP

☐ Transition planning is addressed on IEP addendum (see attached)

### Placement Review (not applicable for initial placement)

#### — Maintain current placement of:

☒ Regular class/resource ☐ Special class ☐ Special school ☐ Home Instruction ☐ Hosp./Institution  
OR

— Change current placement (Complete and attach Documentation of Change of Placement and Prior Notice of change of placement)

Parent signature signifies participation in the development of the IEP and receipt and understanding of Procedural Safeguards.

#### IEP Participants

<u>[Signature]</u>	<u>8/31/95</u>
LEA signature	Date
<u>Jane Ann Messenger</u>	<u>8/31/95</u>
Parent signature*	Date
_____	Date
Parent signature*	Date
_____	Date
Student signature	Date
<u>[Signature]</u>	<u>8/31/95</u>
Student's teacher's signature	Date
<u>[Signature]</u>	<u>8/31/95</u>
Signature and Title	Date
_____	Date
Signature and Title	Date

#### IEP Review Participants

_____	_____
LEA signature	Date
_____	_____
Parent signature*	Date
_____	_____
Parent signature*	Date
_____	_____
Student signature	Date
_____	_____
Student's teacher's signature	Date
_____	_____
Signature and Title	Date
_____	_____
Signature and Title	Date

\*Note: If parent signature is missing, check below:

- ☐ did not attend (document efforts to involve parent)  
☐ participated but refused to sign  
☐ via telephone (copy of IEP/procedural safeguards sent)  
☐ other: \_\_\_\_\_

\*Note: If parent signature is missing, check below:

- ☐ did not attend (document efforts to involve parent)  
☐ participated but refused to sign  
☐ via telephone (copy of IEP/procedural safeguards sent)  
☐ other: \_\_\_\_\_



Provo School District  
Provo, Utah 84604

# Individualized Education Program (IEP)

SpEd 6a1  
© June 95  
D.D.

Student: Bryan Messenger Date of IEP: 8/31/95

## Present Levels of Performance:

Strengths: Bryan is caring. He applies himself when it comes to school work + completion of assignments. He is creative. He does well in math. He is easy to work with.

Needs: Bryan has difficulty in the area of written language (spelling, grammar, processing thoughts from mind to paper).

\*In mtg. w/ Mrs. Messenger, we feel that Bryan's needs in the area of basic reading skills will be met in his English class. (Co-target)

Annual Goal: Bryan will improve in the area of written language.

•Short Term Objective: Bryan will score 80% or better on weekly spelling test (10-15) as measured by teacher.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

teacher made test, monitored bi-weekly

Status: Date Started: 8/31/95 Date Mastered: \_\_\_\_\_ Other: \_\_\_\_\_

•Short Term Objective: Bryan will score 80% or better on vocab. assignments and test (10-15 words) weekly, as measured by Teacher.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

teacher made test monitored bi-weekly

Status: Date Started: 8/31/95 Date Mastered: \_\_\_\_\_ Other: \_\_\_\_\_

•Short Term Objective: Bryan will pass 80% or better his grammar assignments and tests (capitalization, punctuation, usage) weekly and/or bi-weekly, as measured by teacher.

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

teacher made assignments, textbook, (monitored bi-weekly)

Status: Date Started: 8/31/95 Date Mastered: \_\_\_\_\_ Other: \_\_\_\_\_



Provo School District  
Provo, Utah 84604

# Individualized Education Program (IEP)

(Use multiple sheets as necessary)

SpEd 6a2  
© June 95  
D.D.

Student: Bryan Messenger Date of IEP: 8/31/95

Annual Goal: Bryan will follow the Farmer Middle

School Discipline Policy + the Safe Schools  
Policy.

•Short Term Objective: Bryan will conform to classroom

discipline program as outlined in Farmer Middle  
School Discipline Policy + Safe School policy daily as

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Teacher log, AEC referral

Status: Date Started: 8/31/95 Date Mastered: \_\_\_\_\_ Other: \_\_\_\_\_

•Short Term Objective: Bryan will conform to Farmer Middle

School Discipline policy while at school or  
at school activities (ie bus, field trips etc.) as directed

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

teacher log, Principal log, AEC coordinator

Status: Date Started: 8/31/95 Date Mastered: \_\_\_\_\_ Other: \_\_\_\_\_

•Short Term Objective: \_\_\_\_\_

Criteria, evaluation procedures, and schedule for determining whether objective is being achieved:

Status: Date Started: \_\_\_\_\_ Date Mastered: \_\_\_\_\_ Other: \_\_\_\_\_